Welcome to Naloxone-apolooza ‘14
Power to the Opiate Busters!

EMS State of the Science
A Gathering of Eagles XVI – Dallas, TX 2014

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Disclosure of Presenter Bias

• Preference for life over death
• Medical Director for “a lot” of LEOs
• Medical Director for “a lot” of EMRs/EMTs
• Not my place to judge an opiate abuser/addict
• Socially liberal
• Fiscally conservative
Consideration #1

Naloxone is a drug.
Naloxone is an effective drug.
Naloxone is not a benign drug.
Consideration #2

What is needed in an opiate-mediated cardiac arrest?

What is needed in an opiate-mediated AMS pt spontaneously breathing/circulating?
Consideration #3

In a large, urban area, what is the time lag from PD or even BLS EMS to ALS EMS arrival?

Will naloxone realistically be given in that time?
Consideration #4

Is naloxone free?

Who is going to pay the cost?
Consideration #5

Is naloxone readily available? Will it be?
Suggested Non-ALS EMS Guideline

- Activate ALS EMS
- Awake/Able to be awakened? Y = No naloxone
- Breathing normally? Y = No naloxone
- Apnea? Y = CPR
- Apnoal breathing? Y = CPR
- Breathing every 3-5 seconds? Y = Recovery position

Only give naloxone 0.4-2 mg if all the above = NO
Have the audacity to be honest about reality regardless of what the “We’re saving lives!” consensus is.

This message NOT brought to you by the feel good/do good coalition or the manufacturers of naloxone.
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